	(	CLAIMS AS	(Column 1		(Cohpr	vn 2)	SMA	E C	_	OR	OTHER SMALL E	
OTAL CLAIMS			23				R	(TE	FEE	F	RATE	FEE
OR		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	ASSE FEE	710.00	
OTAL CHARGEABLE CLAIMS			23-minus 20-		3		X	39=		OR	X\$18=	54
IDEPENDENT CLAIMS			5_ minus 3 -		2		×	40=		OR	X80=	160
LATIPLE DEPENDENT CLAIM F								25=		OR	+270=	
		n column 1 is i		n ente	e "O" in c	nhimn 2	<u> </u>	TAL		L	TOTAL	924
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4	160	(Column 1)			mn 2) REST	(Column 3)	ء.	INCL C	ADDI-	ſ		ADDI-
		REMAINING AFTER		PREV	BER KOUSLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL
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	rotal Independent	· <u> </u>	Minus			- 17	-	40=		OR	X80=	
		VITATION OF M	ULTIPLE DEF	EXCE	IT CLAIM						+270=	
			•				Ľ	135=		OR	TOTAL	
3	24 05 (Column 1) (Column 2) (Column 3						ADO	XIT. FEE	400	JOR .	ADOIT. FEE	I ADDI-
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₹	FIRST PRESE	NTATION OF A	AULTIPLE DE	PENDE	NT CLAIM			135=		OR	+270=	
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		٠.,	**.			42 84 12		OIT. FEE		70	ADOIT. FE	E
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AMENDMENT C	<u> </u>	REMAINING APTER AMENDMENT		PRE	UNBER VIOUSLY VID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	
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		iumn 1 is less tha	ne com in cr	Armo Z. s	uste "C" in	coburon 3.	L	YOYA		OR OR	TOTA	AL .
						han 20, enter "2"		OIT. FEI		# T T94	ADDIT. FI	=

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